

Applicant Information and Needs Analysis

Applicant 1 Personal Information					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
Surname			First names		
D.O.B		Marital Status		<input type="checkbox"/> Single	<input type="checkbox"/> Married
		<input type="checkbox"/> De-facto			
Residency Status		<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident (<i>specify country</i>)	
Drivers Licence Number			Expiry		
Contact Details					
<i>Please indicate preferred Contact Method by ticking the box</i>					
Home Phone			<input type="checkbox"/>	Mobile	
Work Phone			<input type="checkbox"/>	Email	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
Current Residential Status (3 years history required)					
<input type="checkbox"/> Renting		<input type="checkbox"/> Boarding		<input type="checkbox"/> With parents	
<input type="checkbox"/> Own Home – no debts		<input type="checkbox"/> Own Home – Mortgage			
		<input type="checkbox"/> Other (specify)			
Current Residential Address			Previous Residential Address (<i>if less than 3 years at current</i>)		
Street			Street		
Suburb			Suburb		
State & Postcode			State & Postcode		
Current Since			From		To
Dependants					
<i>(Married / Defacto – please list dependants against one applicant only)</i>					
Number		DOB for each			
Closest Relative Not living With You					
Name					
Address					
Phone Number			Relationship		
Mothers Maiden Name					
Applicant 1 Employment Details					
Current Employment (3 years history required)					
<input type="checkbox"/> PAYG		<input type="checkbox"/> Self Employed (<i>Please complete details on last page</i>)			<input type="checkbox"/> Home Duties
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Casual	
		<input type="checkbox"/> Other (specify)			
Occupation			Employer		
Employed Since			Address		
Currently On Probation <input type="checkbox"/> Yes <input type="checkbox"/> No			Probationary Period Expires		

Employer Contact Details (HR / Payroll)					
Contact Name			Contact number		
Previous Employment (if applicable)					
Occupation			Employer		
Employed from		To	Address		
Applicant 1 Income					
Income Type		Amount	Frequency		
Salary Gross		\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month <input type="checkbox"/> Year
Salary Net		\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month <input type="checkbox"/> Year
Rental Income		\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month <input type="checkbox"/> Year
Overtime		\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month <input type="checkbox"/> Year
Govt Benefits		\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month <input type="checkbox"/> Year
Self Employed Profit		\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month <input type="checkbox"/> Year
Other (specify)		\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month <input type="checkbox"/> Year
Applicant 2 Personal Information					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
Surname			First names		
D.O.B		Marital Status		<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> De-facto
Residency Status		<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident (specify country)	
Drivers Licence Number			Expiry		
Contact Details					
<i>Please indicate preferred Contact Method by ticking the box</i>					
Home Phone			<input type="checkbox"/>	Mobile <input type="checkbox"/>	
Work Phone			<input type="checkbox"/>	Email <input type="checkbox"/>	
Current Residential Status (3 years history required)					
<input type="checkbox"/> Renting		<input type="checkbox"/> Boarding		<input type="checkbox"/> With parents <input type="checkbox"/> Own Home – Mortgage	
<input type="checkbox"/> Own Home – no debts		<input type="checkbox"/> Other (specify)			
Current Residential Address			Previous Residential Address (if less than 3 years at current)		
Street			Street		
Suburb			Suburb		
State & Postcode			State & Postcode		
Current Since			From		To
Dependants					
<i>(Married / Defacto – please list dependants against one applicant only)</i>					
Number		DOB for each			
Closest Relative Not living With You					
Name					
Address					
Phone Number			Relationship		
Mothers Maiden Name					

Applicant 2 Employment Details

Current Employment (3 years history required)

<input type="checkbox"/> PAYG	<input type="checkbox"/> Self Employed (Please complete details on last page)	<input type="checkbox"/> Home Duties
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual
<input type="checkbox"/> Other (specify)		
Occupation		Employer
Employed Since		Address
Currently On Probation <input type="checkbox"/> Yes <input type="checkbox"/> No		Probationary Period Expires

Employer Contact Details (HR / Payroll)

Contact Name	Contact number
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Previous Employment (if applicable)

Occupation	Employer
Employed from	To
Address	

Applicant 2 Income

Income Type	Amount	Frequency			
Salary Gross	\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month	<input type="checkbox"/> Year
Salary Net	\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month	<input type="checkbox"/> Year
Rental Income	\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month	<input type="checkbox"/> Year
Overtime	\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month	<input type="checkbox"/> Year
Govt Benefits	\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month	<input type="checkbox"/> Year
Self Employed Profit	\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month	<input type="checkbox"/> Year
Other (specify)	\$	<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month	<input type="checkbox"/> Year

Assets All Applicants

Real Estate

Address	Owner(s) or percentage of ownership if not 50/50	Value
	<input type="checkbox"/> App 1 % <input type="checkbox"/> App 2 %	\$
Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Rental Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnight <input type="checkbox"/> Month
	<input type="checkbox"/> App 1 % <input type="checkbox"/> App 2 %	\$
Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Rental Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnight <input type="checkbox"/> Month
	<input type="checkbox"/> App 1 % <input type="checkbox"/> App 2 %	\$
Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Rental Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnight <input type="checkbox"/> Month
	<input type="checkbox"/> App 1 % <input type="checkbox"/> App 2 %	\$
Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Rental Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnight <input type="checkbox"/> Month
Total		\$

Cheque Savings and Other Deposit Accounts

Institution	Account Type	Owner(s) or percentage of ownership if not 50/50		Current Balance
		<input type="checkbox"/> App 1	%	\$
		<input type="checkbox"/> App 2	%	
		<input type="checkbox"/> App 1	%	\$
		<input type="checkbox"/> App 2	%	
		<input type="checkbox"/> App 1	%	\$
		<input type="checkbox"/> App 2	%	
		<input type="checkbox"/> App 1	%	\$
		<input type="checkbox"/> App 2	%	
Total				\$

Investments Superannuation Shares

		<input type="checkbox"/> App 1	%	\$
		<input type="checkbox"/> App 2	%	
		<input type="checkbox"/> App 1	%	\$
		<input type="checkbox"/> App 2	%	
		<input type="checkbox"/> App 1	%	\$
		<input type="checkbox"/> App 2	%	
		<input type="checkbox"/> App 1	%	\$
		<input type="checkbox"/> App 2	%	
Total				\$

Motor Vehicles

Make	Model	Year	Owner(s) or percentage of ownership if not 50/50		Value
			<input type="checkbox"/> App 1	%	\$
			<input type="checkbox"/> App 2	%	
			<input type="checkbox"/> App 1	%	\$
			<input type="checkbox"/> App 2	%	
			<input type="checkbox"/> App 1	%	\$
			<input type="checkbox"/> App 2	%	
			<input type="checkbox"/> App 1	%	\$
			<input type="checkbox"/> App 2	%	
Total					\$

Other Assets (Household Items / Personal Effect / Boats / Tools of Trade)

Brief Description	Owner(s) or percentage of ownership if not 50/50		Value
	<input type="checkbox"/> App 1	%	\$
	<input type="checkbox"/> App 2	%	
	<input type="checkbox"/> App 1	%	\$
	<input type="checkbox"/> App 2	%	
Total			\$

Liabilities All Applicants

Mortgages

Bank	Security	Borrower	Balance	Refinance
		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	% % \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum Payment		<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month
		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	% % \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum Payment		<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month
		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	% % \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum Payment		<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month
		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	% % \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum Payment		<input type="checkbox"/> Week	<input type="checkbox"/> Fortnight	<input type="checkbox"/> Month

Credit and Store Cards Unsecured Overdrafts including Interest Free Accounts

Lender	Credit Type	Credit Limit	Borrower	Amount Owning	Refinance
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Loans Including Personal Loans and Hire Purchase

Lender	Credit Type	Credit Limit	Borrower	Amount Owning	Refinance
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Liabilities / Guarantees

Brief Description	Min Monthly Payment	Debtor / Guarantor	Amount Owning	Refinance
	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Living Expenses Per Month All Applicants

Utilities and Rates – Owner Occupied Property	
Utilities and Rates – Investment Property, Home and Contents Insurance	
Groceries	
Clothing and Personal Care	
Transport	
Medical and Health	
Telephone Internet Pay TV Media Streaming Services	
Recreation and Entertainment	
Insurance	
Education	
Childcare	
Other:	
Other:	
Total	

Self Employed Applicants Only

Business Type	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Company	ABN/ACN	
Business Name			Years In Business	Industry		
Address						
Accountant Details						
Taxable Income Current Financial Year \$				Previous Financial Year \$		

What is the purpose of your loan

<input type="checkbox"/> Owner Occupation			<input type="checkbox"/> Investment			
<input type="checkbox"/>	Purchase Residential Property	<input type="checkbox"/>	Purchase Land	<input type="checkbox"/>	Purchase land and Build	
<input type="checkbox"/>	Build Only	<input type="checkbox"/>	Purchase Commercial Property	<input type="checkbox"/>	Refinance	
<input type="checkbox"/>	First Home Owner Grant	<input type="checkbox"/>	First Home Buyer Assistance Scheme			
<input type="checkbox"/>	Other (Please Specify)					

Refinancing / Debt Consolidation

What is the reason for refinancing or debt consolidation (more than one may apply)

<input type="checkbox"/>	Better Interest Rate	<input type="checkbox"/>	Consolidate Debt	<input type="checkbox"/>	Specific Product Features
<input type="checkbox"/>	Reduce Overall Commitments	<input type="checkbox"/>	Reduce Payments	<input type="checkbox"/>	Unhappy with Current Lender

Additional Product Information (more than one may apply)

Do You Require	<input type="checkbox"/> Split Facility <input type="checkbox"/> Internet Banking <input type="checkbox"/> Rate Lock	<input type="checkbox"/> Redraw Facility <input type="checkbox"/> Phone Banking <input type="checkbox"/> Fixed Rate	<input type="checkbox"/> Offset Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Variable Rate
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Preferred Repayment Type and Frequency

<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Principal and Interest	<input type="checkbox"/> Interest Only	

Preferred Loan Term

<input type="checkbox"/> 10 Years	<input type="checkbox"/> 20 Years	<input type="checkbox"/> 30 Years	<input type="checkbox"/> Other
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If You Have Selected Interest Only Please Tell Us Why

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General Considerations

Has there been any financial stress or applications for hardship for any existing loans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been any defaults on any loans or debts in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect any significant changes to your financial situation over the foreseeable future that could adversely affect your ability to meet your loan repayments or reduce your income as stated in this document	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current director of any companies	<input type="checkbox"/> Yes <input type="checkbox"/> No

Short – Mid – Long Term Financial Goals

Please Tell Us In Order Of Importance Your Short Mid and Long Term Financial Goals

Short 1	
Short 2	
Short 3	
Mid 1	
Mid 2	
Mid 3	
Long 1	
Long 2	
Long 3	

This is an Accurate Statement of Our Financial Position and Lending Requirements as of Today's Date

Date: